State of Wisconsin \ Government Accountability Board

212 East Washington Avenue, 3rd Floor Post Office Box 7984 Madison, WI 53707-7984 Voice (608) 266-8005 Fax (608) 267-0500 E-mail: gab@wisconsin.gov http://gab.wi.gov



JUDGE GORDON MYSE Chairperson

KEVIN J. KENNEDY Director and General Counsel

Notice of Recount for the Office of

Representative to the Assembly from the 32nd Assembly District, Republican Primary

DATE:

September 20, 2010

TO:

All candidates on the ballot for the office of Representative to the Assembly

from the 32nd Assembly District

FROM:

Government Accountability Board

SUBJECT:

Recount of the Votes Cast for the Office of Representative to the Assembly

from the 32nd Assembly District--REPUBLICAN PRIMARY

A recount of the votes cast at the September 14, 2010 Partisan Primary Election for the office of Representative to the Assembly from the 32nd Assembly District, Republican Primary, will begin at the times and locations set forth below:

Walworth County – 9:00 a.m. on Tuesday, September 21, 2010 at Conference Room 116A (Finance Department Conference Room), Walworth County Government Center, 100 W. Walworth Street, Elkhorn, Wisconsin 53121.

Kenosha County – 9:00 a.m. on Wednesday, September 22, 2010 at County Clerk Office Conference Room, 1010 56th Street, Kenosha, Wisconsin 53140.

A copy of the recount petition is attached. This notice is given pursuant to s. 9.01(2), Wis. Stats.

You have the right to be present and to be represented by counsel to observe and challenge the votes cast and the board of canvassers' decisions at the election.

Attachment

cc:

Walworth County Clerk Kenosha County Clerk

HAND DELIVERED

			10 SEP 20	
In Re:	The Election for (specify office)		Acon Sep 20 PM 1:	for Recount
Petition	ner (name of petitioner) alleges	and shows to (sp	he Governouth	Ry Accountability Boa
pole 18	at Petitioner was a candidate fo	Pepre	sentative topi	the Assembly
1. Tha	at Petitioner was a candidate fo	r the office of (4)	in an ele	ction held on Great Ahe
eac	at Petitioner is informed and be ward or municipality in the color entire 324 District	counting and retur	rn of votes cast for t	peen committed in (specify)
S. TI	Feliponer (sentormed and be	lieves) or (knows	of his/hor own know	rede that
(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	cily other defects, irregularitie	For Alegalitics in	the conduct of the c	Assembly District
	ore: Petitioner requests a reco	unt of (specification	ward or municipa	ality in which a recount is
	this 20 day of 5eff			TO MANUFACTURE OF THE STATE OF
7 _V / I, (nam	er Augus F e of setitioner), being first duly a are known to me to be true exc	sworn, on oath, s	tate that the matter	Petitioner es contained in the above formation and belief,
which I	believe to be true.		1 M	Cap
				Petitioner
Subscri	bed and sworn to before me this	s <u> </u>		Notary Publics HAVE W. FALK
			(or any other person	n authorized to administer oaths)

SAMPLE RECOUNT PETITION

The information on this form is required by s.9.01, Stats. This form is prescribed by the State Elections Board P.O. Box 2973, Madison, WI 53701-2973, 608-266-8005 Fax: 608-267-0500 Website: <u>elections.state.wi.us</u> e-mail: <u>seb@seb.state.wi.us</u>

My Commission Expires

(specify expiration date)